

REGULAR RECRUITMENT

Notification 1/2019

APPLICATION FOR THE POST OF MULTI PURPOSE HEALTH ASSISTANT (FEMALE) / ANM ON **REGULAR** BASIS

Register Number:
(to be filled by office)

Paste here a recent
passport size photo
duly attested by a
Gazetted Officer

Particulars of Fee: (if exemption is not claimed)

| Name of the Bank | DD Number & Date | Value in Rupees |
|------------------|------------------|-----------------|
| | | Rs.300/- |

If exemption from payment of fee is claimed indicate the
category under which it is claimed

(Write: 1) SC 2) ST 3)BC 4)Ex-Servicemen

1. Name in Full (in English Capitals Only)

NAME

SURNAME

2. Father's / Husband's Name (in English Capitals Only)

NAME

3. Postal Address

Name

H.No.

Street

Village / Town

District

Pin Code

Phone /Mobil No.

4. Sex: 1 - Male / 2 - Female

5. (a) Date of Birth

(As per SSC certificate to be produced)

| Date | Month | Year |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

6. Age as on . .2019

6a. If age relaxation is claimed indicate the category;

1) SC 2) ST 3) BC 4) Ex-service men

7. Community:

(Also Mark (✓) in the place provided: (Evidence to be enclosed).

| OC | PH | Backward Class | | | | | SC | ST |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | A | B | C | D | E | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. a If local ST please give details

8. Nationality:

9. Local District (based on study From IV to X)

10. Whether applying as Local/Non-Local (A person as to apply for one district only)

11. Period of study from IV class to X class.

(Evidence should be produced from Head of Educational Institution in Annexure-II.B)

| Class | Name and Place of School | District | Duration of Study giving month & year |
|-------|--------------------------|----------|---------------------------------------|
| IV | | | |
| V | | | |
| VI | | | |
| VII | | | |
| VIII | | | |
| IX | | | |
| X | | | |

12. Educational Qualification Details: (as on 1.9.2018)

| Qualification | Name of the School & Address | Regd. No. of the ANM School / Inter (Vocational) College | Year | Division | % of Marks |
|---------------|--|--|------|----------|--|
| Academic | SSC | | | | |
| Technical | 18 / 24 months MPHA(F) Training Course recognized by AP Nursing & Midwives Council OR | | | | |
| | Board of Intermediate 2 years Intermediate (Vocational MPHWH (Female) certificate) | | | | (Excluding English & Other Language marks) |

13. Length of contractual service put up in Medical & Health Department as MPHA(F) / ANM in Andhra Pradesh State Government:

| | | |
|---|--|--|
| 1 | Date of joining as contractual ANM | |
| 2 | Scheme under which recruited | |
| 3 | Place of working | |
| 4 | District | |
| 5 | No. of years of contractual service put in | |
| 6 | Whether presently working | |
| 7 | Whether satisfactory certificate by controlling officer enclosed | |

DECLARATION

I hereby declare that all entries/statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, or ineligibility being detected before or after the examination, action can be taken against me by the Department.

I have read the provisions in the Rules and the Notification of the Department carefully and I hereby undertake to abide by them.

I further declare that I fulfill all the conditions of eligibility regarding Age Limits, Educational Qualifications etc., prescribed for admission to the examination.

I have informed my Head of Office / Department in writing that I am applying for this examination.

I have submitted only one application.

* (Strike off if not applicable)

Place:

Signature of the Candidate

Date:

Checklist of Enclosures:

Whether the following Certificates enclosed

| Sl. No. | Details | Yes / No |
|---------|--|----------|
| 1 | SSC or equivalent certificate | |
| 2 | 18 / 24 months MPHA(F) course certificate along with Marks Memo or intermediate vocational course and apprenticeship certificate | |
| 3 | Certificate of permanent registration of Andhra Pradesh Nursing and Midwives council | |
| 4 | Study certificates from class IV to X from the school where the candidate studied | |
| 5 | If SSC or its equivalent is studied privately without attending any school, residence certificate from MRO for previous 7 years (in prescribed proforma). In the absence of the above certificates mentioned in 4& 5 the candidate will be considered as non-local | |
| 6 | Copy of the latest Caste Certificate in case of SC/ST/BC (with categorization if any) issued by MRO concerned. In the absence of proper certificates the candidate will be considered as OC only. | |
| 7 | Copy of Physically Handicapped Certificate issued by Medical Board (if applicable) | |
| 8 | Physical Fitness certificate issued by Government Doctor | |
| 9 | Copy of Certificate of Claiming Ex-Servicemen quota (if applicable) | |
| 10 | Service certificate in case of contract ANM/MPHA(F) | |
| 11 | Demand draft for Rs.300 in favour of Commissioner of Health & Family Welfare, Vijayawada Payable at Vijayawada (if exemption is not claimed) | |
| 12 | Self addressed envelop with Rs.25/- postage stamps | |
| 12 | Whether photograph is pasted | |
| 13 | Whether signed on the application form | |

Signature of the Candidate